Massachusetts Department of Public Health
Prescription Monitoring Program
Pharmacy Discussion Document; March 2016

MA DPH has selected Appriss as the vendor for the new PMP solution. The Appriss solution provides both a new data collection tool (PMP Clearinghouse) and a new online PMP tool (Massachusetts Prescription Awareness Tool (MassPAT)). This document highlights what pharmacies need to know for the implementation of the new system. For more information, please visit: www.mass.gov/dph/dcp/pmp
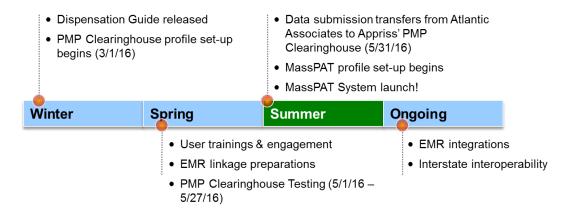
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Implementation Timeline

Winter
- Dispensation Guide released
- PMP Clearinghouse profile set-up begins (3/1/16)

Spring
- User trainings & engagement
- EMR linkage preparations
- PMP Clearinghouse Testing (5/1/16 – 5/27/16)

Summer
- Data submission transfers from Atlantic Associates to Appriss' PMP Clearinghouse (5/31/16)
- MassPAT profile set-up begins
- MassPAT System launch!

Ongoing
- EMR integrations
- Interstate interoperability

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PMP Clearinghouse Testing

Testing is optional and will occur between May 1 and May 27, 2016

Testing Steps

1. Create an account with PMP Clearinghouse

    a. https://pmpclearinghouse.net/users/sign_in

2. Submit a Test Request Form to DPH

    a. Forms are available on the PMP website: www.mass.gov/dph/dcp/pmp

3. Receive email communication from DPH with next steps

    a. System administrator will activate your PMP Clearinghouse account

4. **Submit a test file with 'T' in TH07**

    a. If this indicator is not present, or the indicator 'P' is used, the data will be treated as production data and the data submitter will be responsible for voiding their own records

    b. Please see page 29 of the Dispensation Guide for more information

5. Look at the PMP Clearinghouse dashboard to determine if your test was successful

Testing Instructions

- There is no way for users to test for Universal Claim Form (UCF)

- Testing sFTP and File Upload

    - Follow the directions in sections 5 & 6 of the Dispensation Guide to perform the test

    - **Again, please ensure that TH07 has the 'T' indicator!**

    - The file will appear on the file listings screen where you will be able to see the status report, you will receive a confirmation/status report email.

    - If errors are present, those will be flagged and can be corrected like a normal production file.

File	State	Records	Records w/ Warnings	Records w/ Errors	Submitted	Status	Status Report
Test1_FV0518603_NV_20160315.dat	NV	1	-	-	03/15/2016 02:38PM	✔(test file)	status report
Test1_FV0518603_MS_20160315.dat	MS	29	0	2	03/15/2016 02:05PM	Pending Dispensation Errors (test file)	status report

Screenshot of the PMP Clearinghouse dashboard.

- Testing sFTP Connection

    - Data submitters using sFTP method can test the connection here: sftp://sftp.pmpclearinghouse.net

    - This is outlined on page 8 of the Dispensation Guide

Questions? Concerns? Contact the PMP Clearinghouse Helpdesk: 1-855-562-4767

PMP Clearinghouse Data Submission

Pharmacies are required to…

- Submit Sch. II-V prescription data daily or next business day

- Submit data per the Massachusetts Dispensation Guide specifications (effective 5/31/16): www.mass.gov/dph/dcp/pmp

- Please see 105cmr700.012 for more information: http://www.mass.gov/courts/docs/lawlib/104-105cmr/105cmr700.pdf

Pharmacies will…

- Stop submitting data to Atlantic Associates on May 31 and instead submit data to Appriss' PMP Clearinghouse

- Need to submit all outstanding data corrections to Atlantic Associates by May 31

- Need to create an account with PMP Clearinghouse (began Mar 1): https://pmpclearinghouse.net/registrations/new

    - ***Accounts will be approved by the System Administrator in May***

- Need to determine submission method. Options:

    - **Automatic Upload**

        - Secure File Transfer Protocol (sFTP)

    - **Manual File Upload**

        - Universal Claim Form (UCF)

        - File Upload

Data Submission Option 1: sFTP

- User creates sFTP account from within their Clearinghouse account

- User's pharmacy software is configured with the sFTP credentials and setup on a schedule to send the controlled substance reports

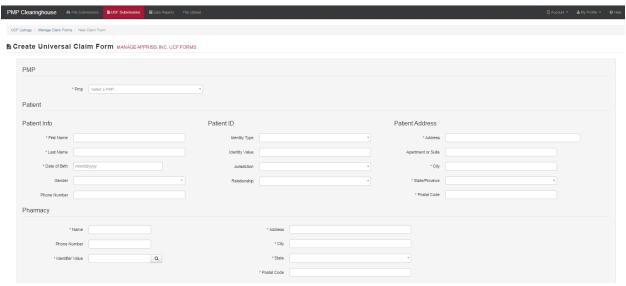- Username = store9785555555@prodpmpsftp

- Password = xxxxxxxxxxxxx

- Hostname = sftp.pmpclearinghouse.net

- Upload path = homedir/MA

Data Submission Options 2 & 3: UCF & File Upload

Option 2: Universal Claim Form

User manually enters required data elements

Screen shot of the UCF. Users first selects the state, enters patient information, and then enters pharmacy information.
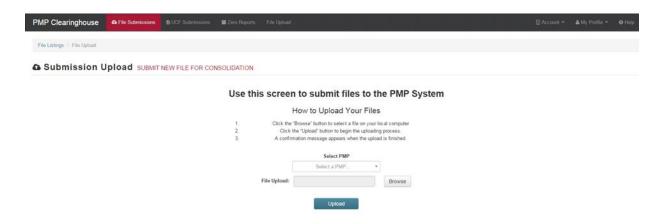
Option 3: File Upload

- User uploads controlled substance report
- Files for upload should be named in a unique fashion, with a prefix constructed from the date (YYYYMMDD) and a suffix of ".dat". An example file name would be "20110415.dat".

Screen shot of file upload. User selects the state, attaches the file, and hits "upload".

Zero Reporting

- If you have no Schedule II-V prescriptions to report, you must submit a Zero Report.

- Zero reports can be submitted by 1) navigating to Zero Reports in the menu bar or 2) submitting via sFTP using the ASAP Standard for Zero Reports.

- *Are you interested in a Zero Reporting Waiver? If so, please join us for the next Pharmacy Meeting/Webinar on April 28 at 1pm for more information on the Waiver.*
  https://attendee.gotowebinar.com/register/2374328663257974019

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Screenshot of the Zero Report screen in PMP Clearinghouse.

Key changes to the Dispensation Guide (v1.1)

Legend for new requirements:

- R = Required submission by Massachusetts

- O = Optional submission, please submit if available.

- C = Conditional submission, please refer to notes.

Element ID	Element Name	New (Appriss)	Notes	Current (Atlantic)
IS03	**Message** Free-form text message.	O		R
PHA01	**National Provider Identifier (NPI)** Identifier assigned to the pharmacy by CMS.	O		R
PHA05	**Address Information – 1** Freeform text for address information.	C	PHA05 – 07 Required if the DEA in PHA02 cannot be verified in DEA database.	NR
PHA06	**Address Information – 2** Freeform text for address information.	C		NR
PHA07	**City Address** Freeform text for city name.	C		NR
PHA12	**Chain Site ID** Store number assigned by the chain to the pharmacy location. Used when PMP needs to identify the specific pharmacy from which information is required.	C	If the pharmacy has multiple locations, please submit the chain site ID (location ID).	NR
PAT09	**Middle Name** Patient's middle name or initial if available.	O		R

PAT10	**Name Prefix** Patient's name prefix such as Mr. or Dr.	O		R
PAT11	**Name Suffix** Patient's name suffix such as Jr. or the III.	O		R
PAT13	**Address Information – 2** Free-form text for additional address information.	O		R
PAT17	**Phone Number** Complete phone number including area code. Do not include hyphens. For situations in which the patient does not have a phone number, submit ten 9's.	R		NR
PAT22	**Country of Non-U.S. Resident** Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank.	C	If the patient is not a U.S. Resident, please submit.	R
PAT23	**Name of Animal** Used if required by the PMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of dispensing the prescription.	C	If the patient, is an animal, please submit.	NR

DSP18	**RxNorm Code Qualifier** RXNorm Code that is populated in the DRU-010-09 field in the SCRIPT transaction. • 01 Sematic Clinical Drug (SCD) • 02 Semantic Branded Drug (SBD) • 03 Generic Package (GPCK) • 04 Branded Package (BPCK)	C	If DSP12 = 05 (electronic), then DSP18 -21 are Required.	R
DSP19	**RxNorm Code** Used for electronic prescriptions to capture the prescribed drug product identification.	C		R
DSP20	**Electronic Prescription Reference Number** This field should be populated with the Initiator Reference Number from field UIB-030-01 in the SCRIPT transaction.	C		R
DSP21	**Electronic Prescription Order Number** This field will be populated with the Initiator Control Reference from field UIH-030-01 in the SCRIPT standard.	C		R

PRE01	**National Provider Identifier (NPI)** Identifier assigned to the prescriber by CMS.	O		R
PRE03	**DEA Number Suffix** Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number.	C	If the DEA a prescriber uses (e.g. resident or intern) is a hospital facility ID, submit the DEA suffix.	R

CDI01	**Compound Drug Ingredient Sequence Number** First reportable ingredient is 1; each additional reportable Ingredient is increment by 1.	C	If DSP07 = 06 (compound), then all elements of CDI segment are Required.	
CDI02	**Product ID Qualifier** Code to identify the type of product ID contained in CDI03. 01 NDC	C		
CDI03	**Product ID** Full product identification as indicated in CDI02, including leading zeros without punctuation.	C		
CDI04	**Compound Ingredient Quantity** Metric decimal quantity of the ingredient identified in CDI03. • Example: 2.5	C		
CDI05	**Compound Drug Dosage Units Code** Identifies the unit of measure for the quantity dispensed in CDI04. • 01 Each (used to report as package) • 02 Milliliters (ml) (for liters; adjust to the decimal milliliter equivalent) • 03 Grams (gm) (for milligrams; adjust to the decimal gram equivalent)	C		

AIR01	**State Issuing Rx Serial Number** U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used.	C	This is required if AIR02 is used.	NR
AIR03	**Issuing Jurisdiction** Code identifying the jurisdiction that issues the ID in AIR04. Used if required by the PMP and AIR04 is equal to 02 or 06.	C	For exceptions to AIR03, AIR04, & AIR05 please see Appendix A in the Dispensation Guide	R
AIR04	**ID Qualifier of Person Dropping Off or Picking Up Rx** Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription. • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 05 Passport ID • 04 Permanent Resident Card (Green Card) • 06 Driver's License ID • 08 Tribal ID • 99 Other (agreed upon ID)	C		R
AIR05	**ID of Person Dropping Off or Picking Up Rx** ID number of patient or person picking up or dropping off the prescription.	C		R
AIR07	**Last Name of Person Dropping Off or Picking Up Rx** Last name of person picking up the prescription.	C	If the patient is the customer, please submit AIR 07-AIR08.	NR
AIR08	**First Name of Person Dropping Off or Picking Up Rx**	C		NR

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Follow-up

If we can be of any other assistance, please don't hesitate to get in touch:

PMP general inbox: mapmp.dph@state.ma.us

Alison: arogers@ripplesgroup.com

PMP Clearinghouse helpdesk: 1-855-562-4767

DPH PMP helpdesk: 617-753-7310

Next Pharmacy Meeting & Webinar

April 28 at 1pm

https://attendee.gotowebinar.com/register/2374328663257974019